

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**Blood and Body Fluid Spills – Decontamination Form**

Specific Area/Items Decontaminated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Supervisor/Author: \_\_\_\_\_

Items Removed (Evidence, Trash, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Storage/Disposition (Items Removed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYEE SUPERVISING DECONTAMINATION

RANK

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INCARCERATED INDIVIDUAL  
ASSIGNED

DIN

HOUSING LOCATION

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FORWARD COMPLETED FORM TO FACILITY WATCH COMMANDER